



**RECORD OF ADOPTION**  
State Form 5438 (R6/9-07)

INDIANA STATE DEPARTMENT OF HEALTH  
VITAL RECORDS B4 99  
2 N. Meridian St.  
Indianapolis Indiana 46204

Send one copy with original copy of the Comprehensive Medical History Report (I.C. 31-19-2-7) (Information confidential in accordance with IC 16-37-1-10)

|                         |       |
|-------------------------|-------|
| <b>STATE OFFICE USE</b> |       |
| REGIS NO.               | _____ |
| ORIG. REGIS NO.         | _____ |
| LOCAL NO.               | _____ |
| FILE DATE               | _____ |

**PART I. This information will be used to prepare the new certificate of birth.**

|  |   |   |  |                                   |  |
|--|---|---|--|-----------------------------------|--|
| FATHER<br>ADOPTIVE <input type="checkbox"/><br>NATURAL <input type="checkbox"/><br>(Specify)   | 1. NAME OF FATHER (First) _____ (Middle) _____ (Last) _____               |   |  | 2. Date of Birth (month,day,year) |  |
|  | 3. Birthplace (State or foreign country)                                  | 4. Race                                   | 5. Usual Occupation  | 6. Kind of Business or Industry   |  |
| MOTHER<br>ADOPTIVE <input type="checkbox"/><br>NATURAL <input type="checkbox"/><br>(Specify)   | 7. PRESENT LEGAL NAME OF MOTHER (First) _____ (Middle) _____ (Last) _____ |   |  | 8. Maiden Surname                 |  |
|  | 9. Date of Birth  | 10. Birthplace (State or foreign country) |  | 11. Race                          |  |
| 12. Present Mailing Address of Adoptive Parents (number and street, city, state, and zip code) |   |   |  |                                   |  |
| 13. Name of Attorney or Agency handling Case   |   |   | Mailing Address (number and street, city, state, and zip code) |                                   |  |

**PART II. This information must be given as of date of birth. It is needed to locate and seal the original certificate of birth.**

|                       |  |                                      |  |
|-----------------------|--|--------------------------------------|--|
| CHILD'S PERSONAL DATA | 14. Name of Child at Birth (First) _____ (Middle) _____ (Last) _____ |                                      |  |
|                       | 15. Sex  | 16. Date of Birth (month, day, year) | 17. Place of Birth (City or Town, County, and State/Country) |
| NATURAL PARENTS' DATA | 18. Name of Father (First) _____ (Middle) _____ (Last) _____         |                                      |  |
|                       | 19. Maiden Name of Mother (First) _____ (Middle) _____ (Last) _____  |                                      |  |

**PART III. The clerk of court shall complete Parts I and II before the final decree of adoption is entered; then complete Part III and forward this record to the Indiana State Department of Health.**

**CERTIFICATION** 20. I hereby certify that the child described above was adopted by the parents(s) on

**OF CLERK OF**

**COURT** \_\_\_\_\_ Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Cause Number \_\_\_\_\_

and shall now bear the name \_\_\_\_\_

**S-E-A-L**

21. Signature of Court Clerk \_\_\_\_\_ 22. Date signed (month, day, year) \_\_\_\_\_

23. Court Clerk in and for the county of \_\_\_\_\_ State of \_\_\_\_\_

**PART IV. When birth occurred in the State other than Indiana, the State Registrar forward this record to the proper State Registration Agency.**

**CERTIFICATION** 24. I hereby certify that this record was received on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**OF STATE**

**REGISTRAR** \_\_\_\_\_ Signature \_\_\_\_\_